



MISSOURI DEPARTMENT OF REVENUE **2002 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2002, OR FISCAL YEAR BEGINNING
2002, ENDING 20

AMENDED RETURN —CHECK HERE

SOFTWARE
VENDOR CODE
(Assigned by DOR)

NAME AND ADDRESS

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

NAME (LAST) (FIRST) M.I. JR, SR

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

DECEASED
IN 2002

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

COUNTY OF RESIDENCE

SCHOOL DISTRICT NO. (PG 41-42)

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE

You may contribute to any one or all of the trust funds on Line 45. See page 11 for a complete description of each trust fund.



Children's
Trust
Fund



Veterans
Trust
Fund



Elderly Home
Delivered Meals
Trust Fund



Missouri
National Guard
Trust Fund

PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF / SPOUSE.

AGE 65 OR OLDER

☐ YOURSELF
☐ SPOUSE

BLIND

☐ YOURSELF
☐ SPOUSE

100% DISABLED

☐ YOURSELF
☐ SPOUSE

NON-OBLIGATED SPOUSE

☐ YOURSELF
☐ SPOUSE

FOR A FASTER REFUND: E-FILE OR WEBFILE

DOR USE ONLY

Yourself

Spouse

INCOME	1. Federal adjusted gross income (See worksheet on page 6.)	1Y	00	1S	00	
	2. Total additions (from Form MO-A, Part 1, Line 5)	2Y	00	2S	00	
	3. Total income. Add Lines 1 and 2.	3Y	00	3S	00	
	4. Total subtractions (from Form MO-A, Part 1, Line 10)	4Y	00	4S	00	
	5. Missouri adjusted gross income. Subtract Line 4 from Line 3.	5Y	00	5S	00	
	6. Total Missouri adjusted gross income. Add columns 5Y and 5S.	6		00		
	7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Total of columns 7Y and 7S must equal 100%.)	7Y	%	7S	%	
EXEMPTIONS AND DEDUCTIONS	8. Pension exemption (from Form MO-A, Part 3, Line 8)	8		00		
	9. Mark your filing status box below and enter the appropriate exemption amount on Line 9. <input type="checkbox"/> A. Single — \$2,100 (See Box B before checking.) <input type="checkbox"/> B. Claimed as a dependent on another person's federal tax return — \$0.00 <input type="checkbox"/> C. Married filing joint federal & combined Missouri — \$4,200 <input type="checkbox"/> D. Married filing separate — \$2,100 <input type="checkbox"/> E. Married filing separate (spouse NOT filing) — \$4,200 <input type="checkbox"/> F. Head of household — \$3,500 <input type="checkbox"/> G. Qualifying widow(er) with dependent child — \$3,500	9		00		
	10. Tax from federal return. (Do not enter amount from your Form W-2(s)—Do Not Enter Federal Tax Withheld.) • Federal Form 1040, Line 52 minus Lines 41 and 61a; or • Federal Form 1040A, Line 34 minus Line 39a; or • Federal Form 1040EZ, Line 11 minus Line 9a; or • Federal Telefile Tax Record, Line K(2) (second box) minus Line L(2) (second box)	10	00			
	11. Other tax from federal return. Attach copy of your federal return (pages 1 and 2).	11	00			
	12. Total tax from federal return. Add Lines 10 and 11.	12	00			
	13. Federal tax deduction. Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13		00		
	14. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See page 6.)	14		00		
	15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	15		00	Do not include yourself or spouse.	
	16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	16		00		
	17. Self-employed health insurance deduction	17		00		
	18. Long-term care insurance deduction	18		00		
		19. Total deductions. Add Lines 8, 9, 13, 14, 15, 16, 17, and 18.	19		00	
		20. Subtotal. Subtract Line 19 from Line 6.	20		00	
		21. Multiply Line 20 by appropriate percentages (%) on Lines 7Y and 7S.	21Y	00	21S	00
		22. Enterprise zone income modification	22Y	00	22S	00
	23. Subtract Line 22 from Line 21. Enter here and on Line 24.	23Y	00	23S	00	

		Yourself		Spouse													
TAX	24. Taxable income amount from Lines 23Y and 23S	24Y	00	24S	00												
	25. TAX on Line 24 (See tax table, Form MO-A, page 2.)	25Y	00	25S	00												
	26. Resident credit (Attach Form MO-CR and other income tax return.) OR	26Y	00	26S	00												
	27. MO income percentage (Attach Form MO-NRI & copy of federal return.) Check correct box if you or your spouse is a professional entertainer or a member of professional athletic team. (Enter 100% unless you are attaching Form MO-NRI.) <input type="checkbox"/> YOURSELF <input type="checkbox"/> SPOUSE	27Y	%	27S	%												
	28. Balance (Resident — subtract Line 26 from Line 25 OR Missouri income percentage — multiply Line 25 by percentage on Line 27)	28Y	00	28S	00												
	29. Other taxes (Check box and attach federal form indicated.) <input type="checkbox"/> Lump sum distribution (Form 4972) <input type="checkbox"/> Recapture of low income housing credit (Form 8611)	29Y	00	29S	00												
	30. SUBTOTAL. Add Lines 28 and 29.	30Y	00	30S	00												
	31. TOTAL TAX. Add Lines 30Y and 30S.	31			00												
	PAYMENTS / CREDITS	32. MISSOURI tax withheld— Attach Form W-2(s) and/or Form 1099(s).	32			00											
		33. 2002 Missouri estimated tax payments (include overpayment from 2001 applied to 2002)	33			00											
34. Missouri tax withheld for nonresident partners or S corporation shareholders. Attach Form MO-2NR.		34			00												
35. Missouri tax withheld for nonresident entertainers. Attach Form MO-2ENT.		35			00												
36. Amount paid with Missouri extension of time to file (Form MO-60)		36			00												
37. Miscellaneous tax credits (from Form MO-TC, Line 12) Attach Form MO-TC.		37			00												
38. Property tax credit. Attach Form MO-PTS.		38			00												
39. Total payments and credits. Add Lines 32 through 38.		39			00												
AMENDED RETURN	(Skip Lines 40–42 if you are not filing an amended return.)																
	40. Amount paid on original return	40			00												
	41. Overpayment as shown (or adjusted) on original return	41			00												
REFUND OR AMOUNT DUE	INDICATE REASON(S) FOR AMENDING. <input type="checkbox"/> A. Federal audit Enter date of IRS report. <input type="checkbox"/> B. Net operating loss carryback Enter year of loss. <input type="checkbox"/> C. Investment tax credit carryback Enter year of credit. <input type="checkbox"/> D. Correction other than A, B, or C Enter date of federal amended return, if filed.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				M	M	D	D	Y	Y						
	M	M	D	D	Y	Y											
	42. Amended Return — total payments and credits. Add Line 40 to Line 39 or subtract Line 41 from Line 39.	42			00												
	43. If Line 39, or if amended return, Line 42, is larger than Line 31, enter difference (amount of OVERPAYMENT) here.	43			00												
	44. Amount of Line 43 to be applied to your 2003 estimated tax	44			00												
	45. You may donate part of your overpaid amount or contribute additional payments to any or all of the trust funds listed to the right. Enter the amount of your donation in the appropriate boxes.	45	00	00	00	00											
	46. Overpayment to be refunded to you. Subtract Lines 44 and 45 from Line 43 and enter here. Mail return to: DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. (*2-D BARCODE ONLY—DOR, P.O. BOX 3222, JEFFERSON CITY, MO 65105-3222) REFUND	46			00												
	47. If Line 31 is larger than Line 39 or Line 42, enter the difference (amount of UNDERPAYMENT) here	47			00												
	48. Underpayment of estimated tax penalty. Attach Form MO-2210. Enter penalty amount here.	48			00												
49. Total amount due. Add Lines 47 and 48 and enter here. Mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. (*2-D BARCODE ONLY—DOR, P.O. BOX 3370, JEFFERSON CITY, MO 65105-3370). Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Director of Revenue. AMOUNT YOU OWE	49			00													
*If a 2-D barcode (black and white shaded box) appears in the upper right corner of page 1, send form to the 2-D barcode address.)																	
SIGNATURE	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.																
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. <input type="checkbox"/> YES <input type="checkbox"/> NO		PREPARER'S TELEPHONE ()		DOR ONLY <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>												
	SIGNATURE	DATE	PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN												
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)		DAYTIME TELEPHONE ()	PREPARER'S ADDRESS AND ZIP CODE		DATE											